

Residential Rental Property Questionnaire

Owner Name:

Rental Property Address:

1. Is the rental unit a single family home, or multi-family? How many units are available for rent at this location?
2. How many leases are available per unit? (1 per unit, 1 per bedroom, 1 per bed, etc.)
3. How many bedrooms are there per unit?
4. What is the maximum number of people allowed per unit?
5. What is the length of a lease(s)? Is the lease renewable?
6. Is the unit geared toward Rental Assistance Voucher (Section 8) participants?
7. Are the tenants affiliated with any other governmental or non-profit program? If so, which programs?
8. Is this a State of Florida licensed facility? If so, which agency provided the license?
9. What, if any, other services are included in the rent, or are available to tenants? Examples include, but are not limited to, meals, medicine supervision, transportation to appointments or meetings, and daily living assistance. Please describe.
10. Are the occupants considered permanent or transitional tenants? Is there a waiting list?

11. How is rent collected? (Examples: on-site, drop box, by one tenant, via mail)

12. Who is responsible for utilities? (Circle one)

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|---------------------------|--------|----------|
| • Electricity: | tenant | landlord |
| • Water and sewer: | tenant | landlord |
| • Telephone | tenant | landlord |
| • TV (cable or satellite) | tenant | landlord |
| • Other (specify) | tenant | landlord |

13. What facilities are included with the unit? (Examples: appliances only, furniture, linens, kitchen utensils)

14. How are routine maintenance and cleaning issues addressed? (Examples: by tenants or by owner, yard service, cleaning service, etc.) Please describe.

Print Name: _____

Signature: _____

Date: _____